STATE OF TEXAS

CERTIFICATE OF DEATH

TEXAS DEPARTMENT OF HEALTH — BUREAU OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY Dallas
b. CITY OR TOWN (If outside city limits, give precinct no.) Dallas
c. LENGTH OF STAY in 1 b. 1 day
d. NAME OF (If not in hospital, give street address) HOSPITAL OR INSTITUTION Parkland [illegible] Hosp
e. IS PLACE OF DEATH INSIDE CITY LIMITS? YES ☑ NO ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: ...)
a. STATE
b. COUN...
c. CITY OR TOWN (If outside city limits, give precinct ...)
d. STREET ADDRESS (If rural, give location)
e. IS RESIDENCE INSIDE CITY LIMITS? YES ☐ NO ☐

3. NAME OF DECEASED (Type or print) (a) First John (b) Middle F (c) Last Kennedy

4. DATE OF DEATH 22 [illegible]

5. SEX

6. COLOR OR RACE

7. Married ☐ Never Married ☐ Widowed ☐ Divorced ☐

8. DATE OF BIRTH

9. AGE (In years last birthday)

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Gunshot of Brain
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b)
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN ...

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☑

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 19.)

20c. TIME OF INJURY Hour a.m. p.m. Month Day Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office building, etc.)

20f. CITY, TOWN, OR LOCATION COUNTY

21. I hereby certify that I attended the deceased from 22 Nov 19 63 to same ... 19 ... Death occurred at 1300 m. on the date stated above, and to the ...

22a. SIGNATURE (Degree or title) [signature]

22b. ADDRESS 5323 Harry Hines

23a. BURIAL, CREMATION, REMOVAL (Specify)

23b. DATE

23c. NAME OF CEMETERY OR CREMATORY

23d. LOCATION (City, town, or county) (State)

24. FUNERAL DIRECTOR'S SIGNATURE

25a. REGISTRAR'S FILE NO.

25b. DATE REC'D BY LOCAL REGISTRAR

25c. REGISTRAR'S SIGNATURE

VS-112, REV. 1/58

orig to Insp. Kelley 11-27-63 RJB

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